

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Kidney Centers  
Managed Care Plans

**Memorandum No: 04-12 MAA**  
**Issued:** March 23, 2004

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
1-800-562-6188

**Subject: Kidney Center Services - Updates**

**Retroactive to dates of service on and after January 1, 2004**, the Medical Assistance Administration (MAA) began using the 2004 CPT™ and Year 2004 HCPCS Level II code additions. This memorandum presents a review of those changes.

This memorandum also includes the following updates:

- Maximum allowable fees for the Year 2004 additions, and some fee changes;
- Place of service code changes;
- Vaccine information;
- Unlisted drug code information; and
- Technical changes.

## Overview

All procedure code maximum allowable fees that are not listed in this memorandum remain at the August 1, 2003, level. **Do not use** CPT and HCPCS codes that are deleted in the “Year 2004 CPT” book and the “Year 2004 HCPCS” book for dates of service after December 31, 2003.

## Maximum Allowable Fees

MAA uses Medicare’s Single Drug Pricer (SDP) in determining the maximum allowable fees for drugs administered in a kidney center. MAA’s maximum allowable fee is based on 86% of Medicare’s Average Wholesale Price (AWP), as reported in the SDP.

On a quarterly basis, MAA updates the maximum allowable fees for drugs administered in a kidney center. **These quarterly drug price updates are posted online only;** replacement pages for MAA's billing instructions are not mailed out each time MAA updates drug pricing.

**Please check MAA's website frequently for pricing updates. Go to: <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules, then Fee Schedules, then Quarterly Drug Updates).**

## New Place of Service Codes

On and after October 16, 2003, MAA began accepting Medicare's two-digit place of service codes:

Place of Service Code	Description	Facility	Non-Facility
11	Office		X
12	Adult Family Homes		X
12	Client's Private Residence		X
13	Assisted Living		X
21	Inpatient Hospital	X	
22	Outpatient Hospital	X	
23	Emergency Room Hospital	X	
24	Ambulatory Surgical Center	X	
25	Birthing Center	X	
26	Military Treatment Facility	X	
31	Skilled Nursing Facility	X	
32	Nursing Facility		X
33	Custodial Care Facility		X
34	Hospice	X	
50	Federally Qualified Health Center		X
51	Inpatient Psychiatric Facility	X	
52	Psychiatric Facility Partial Hospitalization	X	
53	Community Mental Health Center	X	
54	Intermediate Care Facility/Mentally Disabled		X
55	Residential Substance Abuse Treatment Facility		X
56	Psychiatric Residential Treatment Facility	X	
61	Comprehensive Inpatient Rehabilitation Facility	X	
62	Comprehensive Outpatient Rehabilitation Facility	X	
65	End Stage Renal Disease Treatment Facility		X
71	State or Local Public Health Clinic		X
72	Rural Health Clinic		X
81	Independent Laboratory		X
99	Other Unlisted Facility	X	

## Deleted CPT and HCPCS Codes

The following codes were deleted from the CPT and HCPCS manuals and may no longer be billed with revenue code 636:

- CPT code 90659 (flu vaccine, whole, im); and
- HCPCS code J2000 (lidocaine HCl).

## New Code Additions

The following new codes have been added to those billable by kidney centers:

Revenue Code	Procedure Code	Description	Maximum Allowable Fee
Not applicable	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	By Report
Not applicable	P9055	Platelets, leukocytes reduced, cmv-negative, apheresis/pheresis, each unit	By Report
Not applicable	P9056	Whole blood, leukocytes reduced, irradiated, each unit	By Report
Not applicable	P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	By Report
Not applicable	P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	By Report
Not applicable	P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	By Report
Not applicable	P9060	Fresh frozen plasma, donor retested, each unit	By Report
636	90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use	\$12.90
636	90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular use	9.00
636	90660	Influenza virus vaccine, live, for intranasal use	49.45
636	J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	0.89
636	Q4054	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	4.29

## Vaccines

- **Retroactive to dates of service on and after November 15, 2003**, MAA began reimbursing kidney centers for the new preservative-free flu vaccines (CPT codes 90655 and 90656 when billed with revenue code 636). The new 2004 CPT manuals were inadvertently printed without the description of procedure code 90656. Below are descriptions of CPT codes 90655 and 90656:

CPT Code	Description
90655	Influenza virus vaccine, split virus, preservative-free, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative-free, for individuals 3 years of age and above, for intramuscular use

For clients 20 years of age and younger, these vaccines are available at no cost from the Department of Health (DOH) through the Vaccines for Children Program. When a kidney center administers one of these vaccines to these clients, MAA pays the kidney center an administration fee only (a \$5.00 flat fee). **Providers must use modifier SL when billing for these vaccines for clients 20 years of age and younger.** (Note: The modifier SL triggers payment of the administration fee.)

For clients 21 years of age and older, MAA will reimburse the kidney center the established maximum allowable fee.

- **Retroactive to dates of service on and after January 1, 2004**, MAA began reimbursing kidney centers for the live, intranasal flu vaccine (CPT code 90660 billed with revenue code 636). MAA covers CPT code 90660 for clients ages 5-49 years only.

## Documentation Requirements for Unlisted Drug Codes

**Retroactive to dates of service on and after July 1, 2003**, providers who bill MAA using unlisted drug HCPCS code J3490 must list the following on the claim form:

- The 11-digit National Drug Code (NDC) of the drug administered (be sure to include all zeros in their correct places for the proper 5-4-2 NDC format); and
- The dose of the drug administered.

Ⓔ **Note:** MAA **no longer requires the name and strength** of the drug be listed on the claim form when billing using unlisted drug HCPCS code J3490.

## Technical Changes

**Retroactive to dates of service on and after March 1, 2004**, when billing MAA for Epoetin Alpha (EPO) using revenue codes 634 or 635, **each billing unit is equal to 100 units of EPO given** (1 billing unit = 100 units of EPO). Payment is based on the maximum allowable fee for each billing unit of revenue codes 634 or 635.

Attached are replacement pages E.5/E.6 and F.2 – F.6 to MAA's Kidney Center Services Billing Instructions, dated August 2003. To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).



## Blood Products and Services [Refer to WAC 388-540-190]

MAA reimburses free-standing kidney centers for:

- Blood processing and other fees assessed by non-profit blood centers that do not charge for the blood or blood products themselves; and
- Costs, up to MAA's maximum allowable fee, incurred by the center to administer its in-house blood procurement program.

MAA does not reimburse free-standing kidney centers for blood or blood products (refer to WAC 388-550-6500).

Staff time used to administer blood or blood products is included in the reimbursement for the composite rate (refer to WAC 388-540-150 and 388-540-160).

## Epoetin Alpha (EPO) [Refer to WAC 388-540-200]

MAA reimburses the kidney center for EPO therapy when:

- Administered in the kidney center to a client:
  - \ With a hematocrit less than 33 percent or a hemoglobin less than 11 when therapy is initiated; or
  - \ Continuing EPO therapy with a hematocrit between 30 and 36 percent.
- Provided to a home dialysis client:
  - \ With a hematocrit less than 33 percent or a hemoglobin less than 11 when therapy is initiated; and
  - \ When permitted by Washington Board of Pharmacy Rules (refer to WAC 246-905-020 Home Dialysis Program--Legend Drugs).

For billing purposes, **100 units of EPO given to the client equals one (1) billing unit.** If a fraction of 100 units of EPO is given, round the billing unit as follows:

- If 49 units or less are given, round down to the next 100 units (i.e., bill 31,440 units of EPO as 314 billing units).
- If 50 units or more are given, round up to the next 100 units (i.e., bill 31,550 units of EPO as 316 billing units).

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# Fee Schedule

## Procedure Codes

### Procedure Codes for Blood Processing Used in Outpatient Blood Transfusions



**Please note the following items:**

- MAA does not reimburse providers for blood and blood products.
- Reimbursement is limited to blood bank service charges for processing the blood and blood products (refer to WAC 388-550-6500).
- The codes listed below must be used to represent the following costs: 1) blood processing and other fees assessed by non-profit blood centers that do not charge for the blood or blood products themselves; or 2) costs incurred by a center to administer its in-house blood procurement program. However, these costs must not include any staff time used to administer blood.

Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
P9010	Blood (whole), for transfusion, per unit	\$55.10
P9011	Blood (split unit), specify amount	By Report
P9012	Cryoprecipitate, each unit	26.20
P9016	Red blood cells, leukocytes reduced, each unit	45.53
P9017	Fresh frozen plasma (single donor), each unit	47.82
P9019	Platelets, each unit	By Report
P9020	Platelet rich plasma, each unit	By Report
P9021	Red blood cells, each unit	66.64
P9022	Red blood cells, washed, each unit	20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	By Report
P9031	Platelets, leukocytes reduced, each unit	By Report
P9032	Platelets, irradiated, each unit	By Report
P9033	Platelets, leukocytes reduced, irradiated, each unit	By Report
P9034	Platelets, pheresis, each unit	By Report

Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
P9035	Platelets, pheresis, leukocytes reduced, each unit	By Report
P9036	Platelets, pheresis, irradiated, each unit	By Report
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	By Report
P9038	Red blood cells, irradiated, each unit	By Report
P9039	Red blood cells, deglycerolized, each unit	By Report
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	By Report
P9041	Infusion, albumin (human), 5%, 50 ml	\$13.16
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	13.16
P9044	Plasma, cryoprecipitate reduced, each unit	By Report
P9045	Infusion, albumin (human), 5%, 250 ml	49.88
P9046	Infusion, albumin (human), 25%, 20ml	13.16
P9047	Infusion, albumin (human). 25%, 50ml	49.88
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	26.34
P9050	Granulocytes, pheresis, each unit	By Report
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	By Report
P9055	Platelets, leukocytes reduced, cmv-negative, apheresis/pheresis, each unit	By Report
P9056	Whole blood, leukocytes reduced, irradiated, each unit	By Report
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	By Report
P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	By Report
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	By Report
P9060	Fresh frozen plasma, donor retested, each unit	By Report

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## Revenue Codes

Revenue Code	Description	Maximum Allowable Fee
<b><u>Pharmacy</u></b>		
260	Administration of drugs by IV/intramuscular (non-renal related and/or not covered by Medicare).	By Report
<b><u>Medical/Surgical Supplies and Devices</u></b> (Requires specific identification using a HCPCS code)		
270*	Medical/surgical supplies and devices  <div> <b>Note:</b> In order to receive payment for revenue code 270, the procedure code of the specific supply given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those supplies listed below</u>. </div>	
Procedure Code	Type of Supply	Maximum Allowable Fee
A4657	Syringe, with or without needle	\$.50/per supply package
A4750	Blood tubing, arterial or venous, for hemodialysis, each	12.70
A4913	Miscellaneous dialysis supplies (use for IV tubing, pump)	24.35
Revenue Code	Description	Maximum Allowable Fee
<b><u>Laboratory</u></b>		
303	Laboratory, renal patient (home)	By Report
304	Laboratory, non-routine dialysis	By Report
<b><u>Epoetin Alpha (EPO)</u></b>		
	<div> <b>Note:</b> When billing with revenue codes 634 and 635, each billing unit reported on the claim form represents <b>100 units</b> of EPO given. </div>	
634*	Erythropoietin (EPO) less than 10,000 units	1.15
635*	Erythropoietin (EPO) 10,000 or more units	1.15

\* For clients who have dual coverage (Medicare/Medicaid) the asterisk (\*) drugs, supplies, and services must first be billed to Medicare.

Revenue Code	Description	Maximum Allowable Fee	
<b><u>Other Drugs Requiring Specific Identification</u></b>			
636*	Administration of drugs (bill number of units based on the description of the drug code)		
	<div><div></div><div><b>Note:</b> In order to receive payment for revenue code 636, the procedure code of the specific drug given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those drugs listed below</u>.</div></div>		
Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
90655	Flu vaccine, preservative free, 6-35 mo, im		\$12.90
90656	Flu vaccine, preservative free, 3 yrs & above, im		9.00
90657	Flu vaccine, 6-35 mo, im		2.59
90658	Flu vaccine, 3 yrs & above, im		4.04
90660	Flu vaccine, live, intranasal		49.45
90659	Flu vaccine, whole, im		2.59
90732	Pneumococcal vaccine		16.86
90747	Immunization, active: Hepatitis B vaccine	40 mcg	100.41
J0280	Injection, Aminophyllin	250 mg	0.95
J0285	Amphotericin	50 mg	9.41
J0290	Ampicillin Sodium	500mg	1.49
J0295	Ampicillin Sodium/Sulbactam sodium	1.5 g	6.72
J0360	Injection, Hydralazine HCl	20 mg	14.52
J0530	Penicillin G Benzathine and Procaine	600,000u	10.79
J0610	Calcium Gluconate	10ml	1.30
J0630	Calcitonin Salmon	400u	34.77
J0636	Calcitriol	0.1mcg	1.25
J0640	Leucovorin Calcium	50 mg	3.22
J0690	Cefazolin Sodium	500mg	2.04
J0694	Cefoxitin Sodium	1gm	9.68
J0696	Ceftriaxone Sodium	250mg	13.51
J0697	Cefuroxime Sodium	750mg	5.81
J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate	3 mg	4.51
J0704	Betamethasone Sodium Phosphate	4 mg	0.97
J0710	Cephapirin Sodium	1gm	1.41

\* For clients who have dual coverage (Medicare/Medicaid) the asterisk (\*) drugs, supplies, and services must first be billed to Medicare.

*(CPT codes and descriptions are copyright 2003 American Medical Association.)*

## Kidney Center Services

Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
J0713	Ceftazidime	500 mg	\$6.11
J0745	Codeine Phosphate	30mg	0.79
J0780	Prochlorperazine	10mg	8.01
J0895	Deferoxamine Mesylate	500mg	14.15
J0970	Estradiol Valerate	40mg	1.47
J1060	Testosterone Cypionate and Estradiol Cypionate	1 ml	4.21
J1070	Testosterone Cypionate	100 mg	4.48
J1080	Testosterone Cypionate, 1 cc	200 mg	8.54
J1094	Dexamethasone Acetate	1 mg	0.64
J1160	Digoxin	0.5 mg	1.62
J1165	Phenytoin Sodium	50mg	0.78
J1170	Hydromorphone	4mg	1.40
J1200	Diphenhydramine HCl	50 mg	1.46
J1240	Dimenhydrinate	50mg	0.34
J1580	Gentamicin Sulfate	80mg	1.87
J1630	Haloperidol	5 mg	6.18
J1631	Haloperidol Decanoate	50 mg	8.26
J1645	Dalteparin Sodium	2500 IU	14.20
J1720	Hydrocortisone Sodium Succinate	100mg	1.87
J1750	Iron Dextran	50 mg	16.21
J1756	Injection of Iron Sucrose	1 mg	0.60
J1790	Droperidol	5mg	2.53
J1800	Propranolol HCl	1 mg	10.53
J1840	Kanamycin Sulfate	500mg	2.99
J1885	Ketorolac Tromethamine	15 mg	3.22
J1890	Cephalothin Sodium	1gm	9.29
J1940	Furosemide	20mg	0.84
J1955	Levocarnitine	1 gm	30.96
J1990	Chlordiazepoxide HCl	100 mg	22.62
J2000	<del>Lidocaine HCl</del>	<del>50cc</del>	<del>1.07</del>
J2001	Lidocaine HCl	10 mg	0.89
J2060	Lorazepam	2 mg	2.84
J2150	Mannitol 25%	50 ml	2.96
J2175	Meperidine HCl	100mg	0.48
J2270	Morphine Sulfate	10mg	0.70
J2275	Morphine Sulfate (sterile solution)	10 mg	2.15
J2320	Nandrolone Decanoate	50mg	3.48
J2321	Nandrolone Decanoate	100mg	6.94
J2322	Nandrolone Decanoate	200mg	14.25
J2501	Paricalcitol	1 mcg	4.83

# Kidney Center Services

Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
J2510	Penicillin G Procaine Aqueous	600,000u	\$8.69
J2540	Penicillin G Potassium	600,000u	0.26
J2550	Promethazine HCl	50mg	2.58
J2560	Phenobarbital Sodium	120mg	1.47
J2690	Procainamide HCl	1gm	1.29
J2700	Oxacillin Sodium	250mg	0.72
J2720	Protamine Sulfate	10mg	0.69
J2765	Metoclopramide HCl	10mg	1.72
J2800	Methocarbamol	10 ml	3.44
J2916	Sodium Ferric Gluconate Complex in Sucrose Injection	12.5mg	7.40
J2920	Methylprednisolone Sodium Succinate	40 mg	1.91
J2930	Methylprednisolone Sodium Succinate	125 mg	2.93
J2995	Streptokinase	250,000 IU	80.62
J2997	Alteplase Recombinant	1 mg	33.22
J3000	Streptomycin	1gm	5.75
J3010	Fentanyl Citrate	0.1mg	0.84
J3070	Pentazocine HCl	30mg	4.73
J3120	Testosterone Enanthate	100mg	8.13
J3130	Testosterone Enanthate	200mg	16.26
J3230	Chlorpromazine HCl	50mg	3.98
J3250	Trimethobenzamide HCl	200mg	1.40
J3260	Tobramycin Sulfate	80mg	4.04
J3280	Thiethylperazine Maleate	10mg	5.11
J3301	Triamcinolone Acetonide	10 mg	1.45
J3360	Diazepam	5mg	0.78
J3364	Urokinase	5,000 IU vial	9.26
J3365	IV Urokinase	250,000 IU vial	463.04
J3370	Vancomycin HCl	500 mg	6.36
J3410	Hydroxyzine HCl	25 mg	1.10
J3420	Vitamin B-12 Cyanocobalamin	1,000 mcg	0.15
J3430	Phytonadione (Vitamin K)	1mg	2.00
J3490	Unclassified Drugs		Acquisition Cost
	<div> <div></div> <div> <b>Note:</b> The National Drug Code (NDC) number, and dosage given to the client must be included in the remarks section of the claim form when billing unlisted drug HCPCS code J3490. </div> </div>		
Q4054	Darbepoetin alfa	1mcg	4.29